

CONTINUING EDUCATION VOUCHER APPLICATION

Submit to: Arizona Department of Education, Exceptional Student Services, Attention: Vouchers Unit
1535 W. Jefferson, Bin # 24, Phoenix, AZ 85007 or FAX to: (602) 364-0428

THE RESIDENTIAL TREATMENT CENTER IS RESPONSIBLE FOR ENSURING THAT THIS FORM IS COMPLETED FOR ANY STUDENT WHOSE PLACEMENT IS EXPECTED TO CONTINUE INTO THE UPCOMING SCHOOL YEAR. THE RTC IS ALSO RESPONSIBLE FOR OBTAINING APPROPRIATE SIGNATURES FROM BOTH THE SPA AND HSD BEFORE SUBMITTING TO ADE.

STUDENT NAME:	DOB: _____
FACILITY:	ENTRY DATE: _____
ADDRESS: _____, AZ	FAX: _____
RTC VOUCHER CONTACT: _____	PHONE: _____
RTC EDUCATION CONTACT: _____	PHONE: _____
VOUCHER NUMBER: _____ <input type="checkbox"/> NSE <input type="checkbox"/> CSE** <input type="checkbox"/> RSE**	DISABILITY: _____

****IF THE IEP HAS BEEN REVISED SINCE THE ANNUAL VOUCHER WAS ISSUED, YOU MUST ATTACH A COPY OF THE CURRENT IEP.****

STATE PLACING AGENCY: (SELECT ONE)

<input type="checkbox"/> AOC:	<input type="checkbox"/> JCC or <input type="checkbox"/> ADP	<input type="checkbox"/> GILA RIVER RBHA
<input type="checkbox"/> ADJC		<input type="checkbox"/> PASCUA YAQUI RBHA
<input type="checkbox"/> DES		<input type="checkbox"/> NAVAJO RBHA
<input type="checkbox"/> DHS:DBHS/		<input type="checkbox"/> WHITE RIVER APACHE RBHA

SPA CONTACT: _____ PHONE: _____

Signature of State Placing Agency Representative _____
Date

HOME SCHOOL DISTRICT: _____

HSD CONTACT: _____ PHONE: _____

Signature of Special Education Director or Representative _____
Date